



Application for Product Certification and Trademark Licence

Product Certification AS 4454 Composts, soil conditioners and mulches



This Certification Scheme is only available to members of the Waste Management Association of Australia (WMAA)

| 1. Information about the certificate holder | | | |
|--|--|-----------------------------|-------------------------|
| Details of organisation * | Name and Business Registration Number (if applicable) | | |
| | Street | | |
| | Suburb/City | State/Postcode | |
| Authorised representative: (in relation to the certification process and approval of invoices) | Name | | |
| | Position | | |
| | Telephone | Fax | Email |
| Mailing address: (for correspondence) | Address | | |
| | Suburb/City | State/Postcode | |
| Contact for Accounts Payable (if different from above) | Name | | |
| | Position | | |
| | Telephone | Fax | Email |
| Mailing address: (if different to above) | Address | | |
| | Suburb/City | State/Postcode | |
| 2. Information about the manufacturing organisation | | | |
| (if different from above) | Name | | |
| | Street | | |
| | Suburb/City | State/Postcode | |
| | Contact | Position | |
| | Phone | Fax | Email |
| Occupational Health & Safety Issues Specify if visitors to your premises require personal protection equipment (e.g. goggles, hard hats or safety boots): | | | |
| Information about your staff | Please provide information about the number of staff employed in each department. Note: This relates to those staff involved with manufacturing of product in respect of which certification is sought. | Department | No. of Employees |
| | | Manufacturing | |
| | | Design / R&D | |
| | | Laboratory | |
| | | Quality Control / Assurance | |
| | | Factory Total | |
| If some of these departments operate from a separate location, please provide details | | | |

| | | | |
|------------------------|---------|---------|----------|
| Department name | Name | | |
| | Address | | |
| | Suburb | | City |
| | State | Country | Postcode |

Other manufacturers Please specify any other manufacturers / suppliers of critical components

| | | | |
|---|---------|---------|----------|
| Manufacturer's name Please attach a separate sheet if required | Name | | |
| | Address | | |
| | Suburb | | City |
| | State | Country | Postcode |

Type of component/s

Other types of certification - Does your company maintain other forms of certification e.g. ISO 9000, HACCP, and ISO 14001 etc? If so please identify the type of certification and certifying organisation.

3. Information about your product

| Product subject to certification | Brand Name | Description |
|--|------------|-------------|
| Please attach a separate sheet if required | | |
| | | |
| | | |

4. Application fee (Please refer to Scheme Fee Schedule)

| | | |
|----------------------------|-------|---------------------------------|
| Total fee payable (Ex GST) | \$AUD | GST value (if applicable) \$AUD |
|----------------------------|-------|---------------------------------|

5. Payment method (Kindly note: your application cannot be processed until receipt of fee payment)

| | | | |
|--|---|--|---|
| Cheque | Cheques to be made payable to: SAI Global Limited (ABN 67 050 611 642) | | |
| | A cheque for \$ | is attached | Cheque No. Date |
| Credit Card | Please charge (tick where applicable) <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx (ID No) <input type="checkbox"/> Other | | |
| | Card No. | | |
| | Expiry Date | | |
| | Cardholder's name (please print) | | |
| | Signature | | |
| Telegraphic Transfer Please make payment to: | Bank Address | Westpac Banking Corporation Cnr Market & Clarence Sts Sydney 2000 NSW | THE REMITTANCE ADVICE SHOULD BE FAXED, EMAILED OR MAILED QUOTING: ATT: Business Development Manager Fax (+612) 8206 6032 |
| | Acc name BSB Number Acc Number Swift Number | SAI Global Limited 032016 175282 WPACAU2S To ensure correct processing please include the following information with your payment. | Email product@saiglobal.com Organisation name: Type of service and date: Invoice number being paid (if applicable): Receipt of remittance advice details will minimise delays in processing your payment |

Terms and Conditions

1. The applicant warrants that the information provided in this application form is correct.
 2. The applicant acknowledges that it has received and agrees to abide by the following contractual documents:
 - (a) SAI Global Terms and Conditions of Certification Services (including the Schedule of Fees where applicable);
 - (b) StandardsMark Product Compliance Program; and
 - (c) Terms and Conditions of the Certification Mark Licence.
 3. The applicant agrees that:
 - (a) when SAI Global accepts this application in writing; or
 - (b) if the application is not accepted in writing, when SAI Global starts to supply Certification or Assessment Services to the applicant;
 4. The applicant agrees that if SAI Global issues a certificate and licence to the organisation for the use of any Trade Marks (such as the StandardsMark), the organisation will use the Marks in accordance with the Certification Mark Licence Terms.
 5. This application remains valid for 12 months from the date at which the application was made, after which period the application will expire.
 6. All fees are non-refundable.
- there is a contract for the supply of Certification or Assessment Services upon the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect of the certification services, as calculated in accordance with either the Schedule of Fees or other agreement reached with SAI Global.

| | | |
|---|--|-------|
| Signed for and on behalf of organisation | Signature of applicant or authorised officer of the organisation | Date |
| | Full name (BLOCK LETTERS) | Title |

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|-------------------------------|--|
| WMAA Membership number | |
|-------------------------------|--|

* Organisations may undergo a check on credit history through existing creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application.

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|--|--|
| Please return completed application form with payment to: | The Business Development Manager, Product Certification SAI Global Limited GPO Box 5420 Sydney NSW 2001 Australia |
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Your Privacy
SAI Global Limited and its related bodies corporate ("SAI Group") respect stakeholders' privacy at all times. When processing your order or application we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from the SAI Group and to contact you in relation to these products and services. As we value your privacy we do not make your personal information available to other organisations without your explicit consent, and you have the right to gain access to this information. For more information please see our Privacy Policy on our website www.sai-global.com Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by e-mail: privacy.officer@sai-global.com

